PART B - FEE(S) TRANSMITTAL

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APPLICATION NO.		G DATE FIR	RST NAMED INV	ENTOR	ATTORNEY DOCKET NO.		CONFIRMATION NO.		
10/822,667 04/1		3/2004 Vincenzo SEST		TO Q806		24		7768	
TITLE OF INVENTIO	N: TRAIL/PATH P	ROTECTION FOR SD	H/SONET NETW	ORKS					
APPLN. TYPE	SMALL			ON PREV.	PAID ISSUE FEE	TOTAL FEE	(S)	DATE DUE	
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nonprovisional	NO	\$1510.00	\$300.00		\$0.00	\$1,810.00 11/03/2009		11/03/2009	
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EXAMINER			ART UNIT	CLAS	SS-SUBCLASS				
В	randon M. RENNEF		2416	2416 370-228000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 2. For printing on the patent front page list 1 Sughrue Mion, PLLC									
☐ Change of correspondence address (or Change of Correspondence Address form				(1) the names of up to 3 registered patent					
PTO/SB/122) attached.				attorneys or agents OR, alternatively, 2					
☑ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) ATTACHED. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the 3					
05-02 of more recently ATT (ACTED). Use of a customer reminer is required.				names of up to 2 registered patent attorneys or					
				agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME	AND RESIDENCE	DATA TO BE PRINTE	ED ON THE PATE		pe)				
PLEASE NOTE: Unler recordation as set forth						entified below, th	e document h	as been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR				RY)					
ALCATEL Paris, France									
Places check the energy	nrieta essignaa setag	ory or entagories (will n	at he printed on th	a notant): 🗆 Inc	dividual 🗹 Cornerat	ion or other prize	ta aroun antitu	, Covernment	
Please check the appropriate assignee category or categories (will not be printed 4a. The following fee(s) are submitted: 4b. Pay				Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)					
✓ Issue Fee				☐ A check is enclosed.					
☑ Publication Fee (No small entity discount permitted)				☐ Payment by credit card. Form 1310-2038 is attached.					
☐ Advance Order - # c		☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880.							
		☐ The USPTO is directed and authorized to charge all required fees to Deposit Account No.							
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5. Change in Entity Sta									
a. Applicant claims					claiming SMALL I				
The Director of the US	=								
NOTE: The Issue Fee a party in interest as show					the applicant; a regis	tered attorney or	agent; or the	assignee or other	
Authorized Signature / Diallo T. Crenshaw 52,778 /			,778 /	Date			October 30, 2009		
Typed or Printed Name	e 1	Diallo T. Crenshaw			0.	52,778	52,778		